



Municipal Form No. 102  
(Revised August 2018)

Accomplished in quadruplicate using black ink

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

Province <b>CEBU</b>		Registery No. <b>2018 01329</b>	
City/Municipality <b>CEBU CITY</b>			
CHILD	1. NAME (First) (Middle) (Last) <b>IVAN EZEKIEL CANON BARILI</b>		
	2. SEX (Male / Female) <b>MALE</b>	3. DATE OF BIRTH (Day) (Month) (Year) <b>3 JANUARY 2018</b>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No. & Barangay) (City/Municipality) (Province) <b>CEBU PUER. CENTER &amp; MATERNITY HOUSE, INC., CEBU CITY, CEBU</b>		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <b>SINGLE</b>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) <b>NOT APPLICABLE</b>	5c. BIRTH ORDER (order of the birth to previous live births including fetal death) (First, Second, Third, etc.) <b>FIRST</b>
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) <b>JOY MARIE OLVINA CAÑON</b>		
	8. CITIZENSHIP <b>FILIPINO</b>		9. RELIGION/RELIGIOUS SECT <b>ROMAN CATHOLIC</b>
	10a. Total number of children born alive <b>1</b>	10b. No. of children still living including this birth <b>1</b>	10c. No. of children born alive but are now dead <b>0</b>
	11. OCCUPATION <b>CUSTOMER SERVICE REP</b>		12. AGE at the time of this birth (completed years) <b>27</b>
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>485 LOREGA SAN MIGUEL, CEBU CITY, CEBU, PHILIPPINES</b>			
FATHER	14. NAME (First) (Middle) (Last) <b>JONDE DOLLER BARILI</b>		
	15. CITIZENSHIP <b>FILIPINO</b>		16. RELIGION/RELIGIOUS SECT <b>CHRISTIAN</b>
	17. OCCUPATION <b>STOCK CLERK</b>		18. AGE at the time of this birth (completed years) <b>27</b>
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <b>485 LOREGA SAN MIGUEL, CEBU CITY, CEBU, PHILIPPINES</b>		
MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)			
20a. DATE (Month) (Day) (Year) <b>SEPTEMBER 7, 2017</b>		20b. PLACE (City / Municipality) (Province) (Country) <b>CEBU CITY, CEBU, PHILS.</b>	
21a. ATTENDANT 1 Physician <input checked="" type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) _____			
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at <b>07:40 PM</b> am/pm on the date of birth specified above.			
Signature _____ Name in Print <b>EUFEMIA PANGAN, M.D.</b> Title or Position <b>PHYSICIAN</b>		Address <b>CEBU PUER. CNTR. &amp; MATERNITY HOUSE, INC., CEBU CITY</b> Date <b>3 JANUARY 2018</b>	
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print <b>JOY MARIE C. BARILI</b> Relationship to the Child <b>MOTHER</b> Address <b>485 LOREGA SAN MIGUEL, CEBU CITY</b> Date <b>3 JANUARY 2018</b>		23. PREPARED BY Signature _____ Name in Print <b>SHEILA MAE B. SUAREZ</b> Title or Position <b>CLERK</b> Date <b>3 JANUARY 2018</b>	
24. RECEIVED BY Signature _____ Name in Print <b>LUZ N. CUGAY</b> Title or Position <b>ADMINISTRATIVE AIDE III</b> Date <b>JAN 12 2018</b>		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <b>PHILIP A. MEGABON</b> Title or Position <b>REGISTRATION OFFICER IV</b> Date <b>JAN 12 2018</b>	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
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BEST POSSIBLE IMAGE

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CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General